

☐ Amended**Petition for Waiver of
Fees and Costs -
Affidavit of Indigency**

-VS.-

Case No. _____

UNDER OATH, I STATE THAT because of poverty, I am unable to pay ☐ any filing and service fees, including the electronic filing fee, or ☐ _____, in this action, proceeding, or appeal, or to give security for those fees, and request waiver of those fees. I am attaching a copy of my pleading in this matter.

**Complete Section 1 if you receive aid from any of the programs listed.
If you do not receive aid, complete Section 2 only.**

Section 1.

- ☐ I currently receive
- ☐ Supplemental security income. ☐ Relief funded under §59.53(21), Wis. Stats. ☐ Medical assistance.
- ☐ Food stamps/FoodShare. ☐ Relief funded under public assistance.
- ☐ Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
- ☐ Legal representation from a civil legal services program or a volunteer attorney program based on indigency.
- Name of program: _____
- ☐ Other means-tested public assistance: _____
- My financial situation ☐ has ☐ has not changed since I became eligible for this program.

If you checked the "has" box, and such changes would make you ineligible for the program(s) if you applied today, you must complete Section 2.

Section 2.

- I ☐ am ☐ am not married.
- I ☐ am ☐ am not employed. Name of employer: _____
- I earn [Gross pay] \$ _____ ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
My take-home pay [after taxes and deductions] is \$ _____ per pay period.
- I receive gross monthly income totaling the amount of \$ _____ from
☐ Pension ☐ Social security ☐ Unemployment compensation
☐ Disability ☐ Student loans/grants ☐ Other: _____
- I have the following cash assets:
☐ Savings accounts: \$ _____ ☐ Cash: \$ _____
☐ Checking accounts: \$ _____ ☐ Money owed me: \$ _____
- I have the following other assets:
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Household furnishings: \$ _____
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Equity in real estate: \$ _____
☐ Other individual assets valued over \$200 each: _____ \$ _____
- My household consists of myself and _____ others:
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No
Full name: _____ Relationship to me: _____ Under age 18 ☐ Yes ☐ No

8. The other members of my household have gross monthly income totaling the amount of \$ _____ from

- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social security | <input type="checkbox"/> Relief funded under public assistance | <input type="checkbox"/> Food stamps/FoodShare |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Student loans/grants | <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Supplemental security income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes | <input type="checkbox"/> Support/maintenance | |
| <input type="checkbox"/> Other: _____ | | | |

9. I have the following debts: Amount: Monthly Payment:

- | | | |
|------------------|----------|-------|
| a. Mortgage/Rent | \$ _____ | _____ |
| b. Auto loan | \$ _____ | _____ |
| c. Credit cards | \$ _____ | _____ |
| d. Other: _____ | \$ _____ | _____ |
| e. _____ | \$ _____ | _____ |

10. I have the following unusual expenses, other than ordinary living expenses:

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

I understand that if my financial situation changes,
I must notify the court immediately.



Signature

Print or Type Name

Date of Birth

Address

Phone Number

Date

☐ Amended

**Order on Petition for
Waiver of
Fees and Costs**

-VS.-

Case No. _____

THE COURT FINDS AND ORDERS:

This petition is

- ☐ 1. **GRANTED** because the court finds the requestor is currently indigent. The action may be commenced or defended without payment of filing fees, including the electronic filing fee. The sheriff shall serve all necessary documents without payment of service fees. The requestor may be required to pay these fees if the court later determines the requestor has the ability to pay.
- ☐ 2. **GRANTED** for waiver of _____. The requestor may be required to pay fees if the court later determines the requestor has the ability to pay.
- ☐ 3. **DENIED** because the court finds the requestor is not indigent, but is currently not able to pay filing or service fees. This action may be filed by the Clerk and all necessary documents may be served by the sheriff without prepayment of fees. Such fees must be paid no later than _____.
- ☐ 4. **DENIED** because the court finds
- ☐ requestor is not indigent. ☐ the allegation of poverty to be untrue.
 - ☐ requestor is a prisoner and is required to use form CV-438 or CV-440.
 - ☐ requestor has not stated a meritorious claim, defense, or appeal upon which the court may grant relief:
- [Brief explanation] _____

BY THE COURT:**DISTRIBUTION:**

1. Original- Clerk of Circuit Court

☐ Circuit Court Judge ☐ Circuit Court Commissioner

Date _____